

12-02-05  
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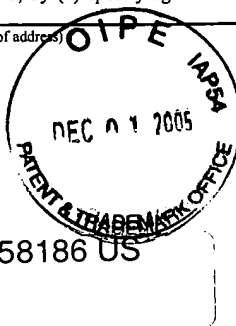
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22851 7590 09/09/2005  
DELPHI TECHNOLOGIES, INC.  
M/C 480-410-202  
PO BOX 5052  
TROY, MI 48007



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Susan Grisham (Depositor's name)  
Susan Grisham (Signature)  
12-1-05 (Date)

APPLICATION NO. 09/887,993	FILING DATE 06/25/2001	FIRST NAMED INVENTOR Roy Alan Visser	ATTORNEY DOCKET NO. DP-304278	CONFIRMATION NO. 8098
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TITLE OF INVENTION: LAMINAR FLOW OPTIONAL LIQUID COOLER

12/05/2005 BABRAHA2 00000112 500831 09887993

APPLN. TYPE nonprovisional	SMALL ENTITY NO	ISSUE FEE \$1400	PUBLICATION FEE \$300	01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA 03 FC:8981 500831 DA	DATE DUE 12/09/2005
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EXAMINER CIRIC, LJILJANA V	ART UNIT 3753	CLASS-SUBCLASS 165-109100
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Stefan V. Chmielewski  
2.  
3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DELPHI TECHNOLOGIES, INC.

TROY, MICHIGAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500831 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Susan Grisham  
Typed or printed name Susan Grisham

Date 12-1-05  
Registration No.

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